POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

US Patent No.	5,639,940
Date of Patent	June 17, 1997
First Named Inventor	Garner, Ian
Title	PRODUCTION OF FIBRINOGEN IN TRANSGENIC ANIMALS
Art Unit	
Examiner Name	
Attorney Docket	016994-018810US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR

☐ The address associated with Customer Number:
OR

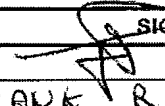| ☐ Firm or Individual Name	
Address	
City	State	Zip
Country	
Telephone	Email

I am the:

☐ Applicant/Inventor.
OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	14 Oct. 2008
Name	FRANK R. PIEPER	Telephone	31 71 5247 428
Title and Company	Pharming Intellectual Property, B.V.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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